



**CITY OF CINCINNATI  
LIVING WAGE AFFIDAVIT OF COMPLIANCE**

**The undersigned** hereby agrees to pay all covered employees, as defined by Cincinnati Municipal Code, Chapter 317, Living Wage Ordinance (LWO), a living wage of \$\_\_\_\_\_per hour to employees who have health care benefits provided by the employer and \$\_\_\_\_\_ per hour to employees not provided health care by the employer. A "covered employee" is the person or persons employed by a "covered employer" to perform the specific services which are covered or funded by the contract with the city. Please check the appropriate boxes:

- ☐ All of our employees who have health benefits provided by this company receive an hourly wage that is at least \$\_\_\_\_\_ an hour. The employer cost or contribution for family health benefits equals no less than \$\_\_\_\_\_ an hour for the average work week of such employees.

Health Care Provider	Plan#
Contact Person	Phone #

- ☐ All of our employees who do not have health benefits provided by this company receive an hourly wage that is at least \$\_\_\_\_\_ an hour.
- ☐ We have no employees working on this living wage contract.

Contractor	Subcontractor	Bid/Contract #
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**In accordance** with Chapter 317-13 (b), LWO, Obligations of Contractors, contractors shall require their subcontractors to comply with the provisions of this chapter.

In accordance with Chapter 317-13(c), LWO, Obligations of Contractors, contractors and subcontractors shall give written notification to each current and new employee, at time of hire, of his or her rights to receive the benefits under the provisions of this chapter.

List names of all joint ventures, partners, subcontractors, or others having any right of interest in this contract or the proceeds thereof (attach additional pages if needed). If not applicable, state "NONE."

Name	Name
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**Name of Company**\_\_\_\_\_ will hereby comply with Chapter 317 of the Cincinnati Municipal Code as stated above.

Print Name	Title
Signature	Date

Personally came before me on this \_\_\_\_\_ day of \_\_\_\_\_, 200\_, he/she \_\_\_\_\_ who acknowledges that he/she executed the foregoing document for the purpose therein contained for and on behalf of said company. In witness whereof, I have hereunto set my hand and official seal.

\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
My commission expires

(SEAL)